



Annual Provider Training 2020 Iowa Medicaid Enterprise Frequently Asked Question

This document is a collection of answers to common questions received in the chat during the IME's Annual Provider Training session held in November of 2020.

- 1) Q: How does a provider's office go about getting a patient's Medicaid account corrected when the account is not set up correctly with the Qualified Medicare Beneficiary (QMB) program? Specifically, when patients are set up with QMB but have a Medicare HMO instead of straight Medicare.
A: QMB benefits are determined by DHS. If the provider believes the member should not be enrolled in the QMB program the member should contact DHS to review eligibility and basis of approval.
- 2) Q: Are physical, occupational and speech therapy covered via telehealth--distant site?
A: This is addressed on the FAQ page for COVID-19 Resources:
<https://dhs.iowa.gov/ime/providers/faqs/covid19/telehealth>
- 3) Q: Is a patient's home considered an originating site during the expanded telehealth waiver period?
A: Yes, a member's home can be considered an originating site. The Department considers an originating site to be the location of a Medicaid member at the time the service is provided via a telecommunications system. For more information regarding telehealth please see Informational Letter (IL) 2119-MC-FFS-CVD released March 19, 2020. [https://dhs.iowa.gov/sites/default/files/2119-MC-FFS-CVD Telehealth and Pharmacy Billing COVID19 6.pdf?122820201450](https://dhs.iowa.gov/sites/default/files/2119-MC-FFS-CVD%20Telehealth%20and%20Pharmacy%20Billing%20COVID19%206.pdf?122820201450)
- 4) Q: Where do I find Informational Letters (ILs) and how do I sign up?
A: Please sign up to receive IL's using the Iowa Medicaid Provider Access (IMPA) portal: <https://secureapp.dhs.state.ia.us/imp/Default.aspx> . Providers can search for ILs using the new IL Web Search as announced in IL 2113-MC-FFS [https://dhs.iowa.gov/sites/default/files/2113-MC-FFS-D NewWebpage Search Option for ILs.pdf](https://dhs.iowa.gov/sites/default/files/2113-MC-FFS-D%20NewWebpage%20Search%20Option%20for%20ILs.pdf)
- 5) Q: Question in regards to crossover claims from Medicare. If the crossover claim is from a ventilator patient in a ventilator SNF, which rate does the IME consider? The standard Medicaid rate or the ventilator Medicaid rate?
A: If the member is on a ventilator the provider should be using the DX codes to indicate member is on a vent. The crossover payments should be using the vent rate if the DX is billed.
- 6) Q: Where is the IME at with codes 98966-98968. Is there any estimated timeline on when a decision will be made?
A: Codes 98966-98968 are currently being reviewed by Medicaid's QIO department. Currently, there is no timeline available.
- 7) Q: Where can I find information on NEMT?
A: More information regarding Non-Emergency Medical Transportation (NEMT) can be found on the IME Website here: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/NEMT>.

8) Q: Where can I find more information on Electronic Visit Verification (EVV)?

A: Information regarding EVV can be found on the IME Website here:

<https://dhs.iowa.gov/ime/providers/EVV>

9) Q: Where can I find telehealth billing information for PT/OT/ST?

A: PT/OT/ST billing for telehealth is discussed in the FAQ found on this page of the DHS website:

<https://dhs.iowa.gov/ime/providers/faqs/covid19/telehealth>

10) Q: What is the best way to initiate a COB check based on the information we are given from patient?

A: Third Party Liability (TPL) verification varies between members enrolled in Managed Care and members enrolled in Fee-for-Service. Please see Informational Letter 2131-MC-FFS-D for information on TPL : https://dhs.iowa.gov/sites/default/files/2131-MC_TPL_ELVS.pdf?052020201232

11) Q: Are there any updates from the IME regarding batch eligibility requests, 270? Or uploading claims via batch to the EDISS Noridian portal?

A: The Department continues to work on issues that have arisen since the TIBCO switch over, but the majority of timeout and slowness issues have been resolved.

12) Q: We are still having a problem with E/M visits getting denied as bundling. We are using a modifier 25 but it is being ignored.

A: FFS would need to review the claims to provide assistance. If the provider disagrees with the claims denial and has already sent in supporting documentation this could be appealed through the Provider Inquiry Process.

13) Q: Is the EVV billing for attendant care required by family members living in the home with a member? If not, why is it required by all workers who are caring for members "in their homes"?

A: EVV is a federal mandate requiring billing for the following service codes:

- S5125 - Attendant Care Services, Per 15 Minutes
- S5130 - Homemaker NOS, Per 15 Minutes
- S5131 - Homemaker NOS, Per Diem
- T1019 - Personal Care Services, Per 15 Minutes

If family members are employed as Individual Consumer Directed Attendant Care (ICDAC) providers, and billing for services using any of the above codes then EVV billing is required. More information and registration for trainings can be found on the DHS Website: <https://dhs.iowa.gov/ime/providers/EVV>.

14) Q: Will the new prior authorization form usage date be based on date of service or date that we are requesting the authorization?

A: Information on the Uniform Prior Authorization Form can be found on the DHS website:

<https://dhs.iowa.gov/ime/providers/claims-and-billing/PA> . A training presentation can be found here: <https://dhs.iowa.gov/sites/default/files/2020%20Prior%20Authorization%20Training.pdf?021920212141>.

15) Q: Will COB issues be updated if we notify you that the other insurance termed?

A: Please see IL 2131-MC-FFS-D for information on updating COB:

https://dhs.iowa.gov/sites/default/files/2131-MC_TPL_ELVS.pdf?052020201232

- 16) Q: Regarding the new IME Electronic Data Interchange Support Services (EDISS) website - is there any way to extend the time frame users are logged in? Also we have had issues with the system pulling up the wrong member when a member ID is entered.
A: Issues related to the EDISS portal changes need to be addressed with EDISS, please contact them at 1-800-967-7902.
- 17) Q: EDISS question - so the only action we need to take it to verify our fax so the information can be sent to us?
A: Please contact EDISS at 1-800-967-7902 for all questions regarding access to the new portal or technical issues with the portal.
- 18) Q: Where can individual CDAC providers go to get questions answered regarding EVV?
A: Individual CDAC's can contact AmerigroupPSO@amerigroup.com for all questions related to address updates, billing questions and EVV information or call 844-800-9938 #1061345012 and - 515 327 7012 ex 106 122 3039 they can also provide assistance on how to get set up for EFT
- 19) Q: We have problems with residential claims. How does a provider's office go about getting prior authorizations back dated when the MCO retro-activates the medically needy status?
A: For Managed Care (MC) claims please contact the Provider Services department of the MCO in question. For FFS claims, please send the information sent directly to imeproviderservices@dhs.state.ia.us for assistance.
- 20) Q: What is the best way to submit a claim when IA Medicaid/Amerigroup/Iowa Total care is the tertiary coverage? Need to be able to submit multiple Explanation of Benefits (EOBs).
A: This issue needs to be addressed with the specific entity a provider is billing. For FFS claims the IME needs to review the claim submission as possible issues could be software related etc. For FFS claims please send the information sent directly to imeproviderservices@dhs.state.ia.us for assistance. For MC claims please contact the Provider Services department of the MCO in question.
- 21) Q: We have asked for claim examples or actual written documentation for the COVID-19 \$300 add on for 3 months. ITC and AMG have promised detailed guidance. MCOs have stated they are waiting on IME for guidance. How do we resolve this issue?
A: If providers are unable to get assistance from an MCO on billing claims, provider can reach out to imeproviderservices@dhs.state.ia.us. Please send a detailed email with all relevant information, and documentation (if possible) and this information will be forwarded to the MCO Liaison to determine what guidance the MCO is waiting for from IME.
- 22) Q: What are some exemptions if any for timely filing of appeals due to COVID 19 with reduced staffing, reduced hours, etc?
A: The Department has created a Covid-19 Resource page on the DHS website: <https://dhs.iowa.gov/ime/providers/claims-and-billing/covid19>. This page provides all ILs, FAQs, etc., and a separate email for Covid related questions that may not be addressed on the page.